

Chapter Six

Referral, Outreach and Coordination of Services

Overview

Policy

Each Local Agency will develop an outreach plan of the available WIC services and coordinate services with other providers and community members. The outreach plan will be reviewed during Management Evaluation visits.

In This Chapter

This chapter is divided into eleven (11) sections, which detail State and Local Agency responsibilities for outreach and referral, as well as evaluation of outreach, and mechanisms for health care coordination, and three (3) appendices of forms.

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Section A

Outreach – Overview

Procedure

All Local Agencies will develop a written outreach plan specifying the objectives, methods, and evaluation of WIC outreach efforts. The plan will include coordination of activities between Local Agencies and outreach / referral agencies.

Objectives of Outreach

The objectives of WIC outreach efforts are:

- To inform eligible persons of the availability of the WIC Program, including the eligibility criteria for participation and the location of WIC services
 - To target outreach toward physicians/hospitals in order to increase enrollment of high risk participants
 - To increase the number of migrants/agricultural workers enrolled in WIC
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Emphasis of Outreach

Emphasis will be placed on reaching potential participants who are:

- Migrant and agricultural workers
 - Pregnant women, especially teens and women in the early months of pregnancy
 - Recipients of Temporary Assistance for Needy Families (TANF) or Food Stamps
 - Participants in the Child and Adult Care Food Program (CACFP)
 - Women enrolled in substance abuse programs
 - Persons enrolled in the Arizona Health Care Cost Containment System (AHCCCS)
 - Minority and immigrant populations
 - Homeless individuals
 - Infants and children under the care of foster parents, protective services, and child welfare authorities
 - Working families
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Section A

Outreach – Overview (Continued)

Methods of Outreach

- Agencies, offices and organizations (including minority organizations serving or having access to eligible persons) will be contacted at least annually.
 - Brochures describing WIC services, eligibility criteria, and location of Local Agencies will be distributed to outreach agencies that serve or have access to WIC's target population.
 - Outreach agencies include, but are not limited to: AHCCCS providers and private physicians, Indian Health Services (IHS) facilities, dental services, Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT), family planning services, alcohol and drug abuse counseling agencies, child protective services, child abuse counseling agencies, immunization providers, prenatal and postnatal care providers, well child programs, Arizona Department of Education Child Care Food Program (CACFP) providers, the Food Stamp Program, Expanded Food and Nutrition Education Program (EFNEP), TANF, Supplemental Security Income (SSI), hospitals and clinics, welfare and unemployment offices, schools, social service agencies, food banks, other food assistance programs Food Distribution a Division of USDA (FDD), Commodity Supplemental Food Program (CSFP), Food Distribution Program on Indian Reservations (FDPIR), homeless shelters, child support enforcement services, foster care agencies, farm worker and migrant/agricultural worker compensations, agencies who serve children with special health care needs, and community religious organizations in low-income areas.
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Section B

Outreach – State Agency Responsibilities

Coordination With Anti-Hunger Groups	The State Agency encourages Local Agency participation with hunger advocates, food bank representatives, and others interested in supporting WIC. WIC staff is encouraged to participate in the Statewide, Arizona Hunger Action Council, DES.
Announcement of WIC Services	The State Agency will announce the availability of WIC services to the public annually using statewide media.
Development of Materials	The State Agency will obtain or develop outreach materials for distribution to Local Agencies to assist in their outreach efforts.
Guidelines For Outreach	<p>The State Agency will assist Local Agencies in developing or expanding referral systems and outreach plans.</p> <p>State and Local Agency's files of outreach agencies contacted will include (as applicable):</p> <ul style="list-style-type: none">• Agency name and address• Agency phone number• Agency hours• WIC eligibility requirements• Contact person(s)• Service area• Services of each agency <p>Uniform WIC information materials announcing program benefits will include:</p> <ul style="list-style-type: none">• A program description• Eligibility criteria• Location of local clinics• Non-discrimination statement

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Section B

Outreach – State Agency Responsibilities

Hotline

A bilingual “800” number (1-800-2525-WIC) will be maintained. The number allows potential or current participants to call the State Agency directly to ask for assistance or voice a concern.

Monitoring Local Agency Activity

The State Agency will monitor outreach activities at each Management Evaluation.

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Section C

Outreach – Local Agency Responsibilities

Outreach Plan

Each Local Agency will prepare an outreach plan annually that will guide their outreach efforts. It will include:

- How to identify high risk potential clients and plan targeting strategies to the following:
 - Working families
 - Migrant and agriculture workers
 - Pregnant women, with emphasis on enrolling teens and women in the early months of pregnancy
 - Recipients of Temporary Assistance for Needy Families (TANF) or Food Stamps
 - Participants in the Child and Adult Care Food Program (CACFP)
 - Women enrolled in substance abuse programs
 - Participants enrolled in the Arizona Health Care and Cost Containment System (AHCCCS)
 - Minority and immigrant populations
 - Homeless individuals
 - Children under the care of foster parents, protective services, and child welfare authorities.
- A list of agencies to contact and a plan (including time frame and staff responsibilities) for these contacts
- A plan to improve access for employed persons and rural residents
- A plan to specify what steps will be taken to provide convenient WIC services, such as appointment scheduling, extended clinic hours, and/or mobile clinic locations
- A description of how disabled participants will be accommodated, such as handicapped accessible clinics, home visits, mailing food instruments or assistance with interpreters, readers or signers
- An evaluation component that will include reporting outreach efforts in progress reports (Appendix A - example outreach log)

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Section C

Outreach – Local Agency Responsibilities

Outreach Plan (Continued)

- Policies and Procedures for ensuring participation and following up on participants who do not keep appointments, especially pregnant women and teens

Note: Those agencies that do not routinely schedule appointments outside of normal business hours will make appointments available for working persons seeking to participate in the WIC program.

Outreach Activities

Each Local Agency will contact agencies, offices, and organizations (including minority organizations) serving or having access to eligible persons in the local service area annually. Each agency will be supplied with a description of WIC services, eligibility criteria, and location of Local Agency clinics.

Announcement of WIC Service

Each Local Agency will announce the availability of WIC services to the public annually, using media that will reach potential clients in the Local Agency service area.

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Section D

Outreach – Evaluation

Policy

The State and Local Agency's files of outreach activities will be updated annually.

The State Agency staff and the Local Agency WIC Director will evaluate the effectiveness of outreach efforts. The State Agency will monitor outreach activities through the AIM System.

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Section E

Referral – State Agency Responsibilities

Policy	The State Agency will require and monitor Local Agencies for referrals to all adults applying for themselves or others, and provide information on the following programs.
AHCCCS and EPSDT	If individuals are not currently participating in Arizona Health Care and Cost Containment System (AHCCCS), but appear to be eligible, the Local Agency will refer those individuals to AHCCCS. This will include referring infants and children to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and pregnant women for AHCCCS presumptive eligibility services.
Child Support and TANF	Child support and Temporary Assistance to Needy Families (TANF)
Food Stamps	The Food Stamp Program
Substance Abuse	Substance Abuse Counseling/Treatment programs.
Food Providers	Other nutrition or emergency food providers (e.g., CSFP, Food Banks, FDPIR.)
Immunizations	State and local immunization programs.
Head Start	State and local Head Start programs.
Contact Phones	The State Agency will maintain a list of contact phone numbers for agencies providing services of use to WIC clients statewide. When inquiries are received on the 800-number, appropriate referrals will be made.

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Section F

Referral – Local Agencies Responsibilities

Referral List

- Each Local Agency will develop a list of services available locally. The list will be updated at least annually. This list will be similar to the list of agencies contacted for outreach
 - At every certification all WIC participants will be given written referral information about AHCCCS, Food Stamp, TANF, Child Support Enforcement, and Substance Abuse Treatment and Counseling, as well as information about other nutrition or food providers. This referral list will include a description of benefits offered by each program
 - Applicants who are found to be ineligible for WIC services or applicants who are placed on waiting lists will be given referrals to other appropriate services
-

Child Support

At each certification, WIC participants will be informed of the availability of child support enforcement services.

Social/Health Services & Breastfeeding Support

- WIC participants will be referred to appropriate services according to identified needs.
 - Participants will be referred to appropriate social or health services.
 - Breastfeeding or pregnant participants will be referred to appropriate counselors or organizations for breastfeeding education and support.
-

Criteria For High Risk Referrals

Local Agencies will develop a plan for referring high-risk clients internally and externally.

The plan will define the level of intervention and be submitted to the State Agency for approval prior to implementation.

Example:

Internal Referral: Follow-up one-on-one counseling with Registered Dietician, group ed., etc.

External Referral: Children's Rehabilitative Services (CRS) referral for Phenylketonuria (PKU) diagnosed child.

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Section G

Health Care Coordination

Policy

Outreach/referral agencies will be contacted annually to review referral and coordination procedures and to resolve identified problems.

The State Agency will ensure that each Local Agency operation or cooperative agreement with a hospital will advise potentially eligible persons of the availability of WIC services.

This includes:

- Clients who receive inpatient or outpatient prenatal, maternity, or postpartum services
 - Those that accompany a child under the age of five who receives well-child services
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Section H

Immunization Screening and Referral

Policy	<p>Children served by WIC will be screened for immunization status and if needed, referred for immunizations.</p> <p>Arizona State WIC and Local Agency will ensure that WIC infants and children under two years of age are screened using documented immunization histories and referrals for immunizations.</p>
Background	<p>Low-income children are less likely to be immunized than their counterparts, placing them at high risk for potentially serious diseases, such as diphtheria, pertussis, poliomyelitis, measles, mumps, and rubella. According to the Centers for Disease Control and Prevention (CDC), children who are not fully immunized are at increased risk for other preventable conditions, such as anemia and lead toxicity.</p>
WIC's Role	<p>The Immunization Program in each State is the lead agency in immunization planning and screening, and is responsible for the design of immunization services. As an adjunct to health services, the WIC Program's role in immunization screening is referral to support existing funded immunization activities. WIC involvement in immunization screening and referral activities will be to enhance, rather than a substitute for, ongoing Immunization Program Initiatives.</p> <p>Note: The purchase of vaccines and delivery of immunization remain unallowable costs to WIC.</p>
Screening Timeline	<p>At initial certification and all subsequent certification visits for children under the age of two (2), the infant/child's immunization status will be screened using a documented record.</p>
Documented Record	<p>A record (computerized or paper) in which actual vaccination dates are recorded. This includes:</p> <ul style="list-style-type: none">• A hand-held immunization record from the provider• An immunization registry• An automated data system• A client share (paper copy)

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Section H

Immunization Screening and Referral (Continued)

Screening

At minimum, the infant/child's immunization status will be screened by counting the number of doses of DTaP (diphtheria, tetanus toxoids, and acellular pertussis) vaccine they have received in relation to their age, according to the following list:

- By three months of age, the infant/child should have at least one dose of DTaP
 - By five months of age, the infant/child should have at least two doses of DTaP
 - By seven months of age, the infant/child should have at least three doses of DtaP
 - By nineteen months of age, the infant/child should have at least four doses of DtaP
-

Under Immunized

If the child does not have the minimum number of doses mentioned above:

- The caregiver will be provided with information on the recommended immunization schedule
 - The participant will be referred to their health care provider or local immunizations program
 - The caregiver will be asked to bring the child's immunization record to the next certification visit
-

Missing Immunization Record

If the Immunization record is missing:

- The recommended immunization schedule appropriate to the current age of the infant/child will be provided
 - A referral for immunization services will be provided, ideally to the child's usual source of medical care
 - The parent/caretaker will be told to bring the immunization record to the next certification visit
-

Documentation

Document specific action taken in AIM in the health history screen.

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Section I

Reporting of Domestic Abuse

Domestic Abuse of WIC Participants

Abuse is most often perpetrated by one person to another with whom they have an intimate or family relationship. Research has shown repeatedly that it is nearly always women who experience domestic violence and nearly always men who are the primary perpetrators.

Procedures

In the participant certification Health Screen of AIM there is a question on abuse that must be asked at every certification, unless the safety of the participant would be at risk with a potential abuser present. If the participant or authorized representative answers “yes”, Local Agency Policy and Procedures must be followed.

The safety of the client must be the first priority. Some questions that can be asked include:

- “Do you have a safe place to go?”
- If client is residing in a safe place, ask, “Do you want to talk to someone about your abusive situation?”
- “Do you want a referral to a “safe house”, program or hot line for abuse?”
- “Is it safe to give you information on abuse to read?” In many cases if the abuser sees materials on the subject, the safety of the client could be jeopardized. If the client does not want the referral materials, the WIC staff can offer to write down telephone numbers or addresses for the clients.

The local WIC staff will have available information on Domestic Violence Service Providers in their area. The Arizona Coalition Against Domestic Violence telephone number is (800) 782-6400.

Note: Domestic violence of an adult is not a reportable offense. However, State law requires reporting suspected child abuse.

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Section J

Lead Screening

Policy

All authorized representatives of children participants will be asked if their child has received a lead screening from a health care provider.

Procedure

1. At certification visit, the authorized representative of each child will be asked if a health care provider screened the child for blood lead levels.
2. If the child has received a blood lead screening, this will be documented on the child's care plan under 'Follow-Up/Nutr Ed' button in AIM. 'Lead Screening' will be selected.
3. If the child has not received a blood lead screening, the child will be referred to the health care provider for a screening. The referral will be documented in the care plan screen under notes or referrals.

Information on lead screening may be obtained from:

Office of Environmental Health
150 North 18th Avenue, Suite 430
Phoenix, Arizona, 85007 or
call 602-364-3118.

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Section K

Access for Participants with Special Needs

Policy	Participants who have special conditions that may make access to the WIC clinic difficult or impossible will be accommodated by the Local Agencies to ensure equal access to all participants.
Employed Or Rural Individuals	<p>Employed participants' needs are met by any of the following:</p> <ul style="list-style-type: none">• Extending clinic hours to evenings, early mornings and or weekends• Priority scheduling of appointments• Mailing food instruments• Expediting clinic procedures• Satellite clinics
Disabled Participants	<p>Participants with a disability must be accommodated by:</p> <ul style="list-style-type: none">• Making the clinics handicapped accessible• Making home visits when necessary• Mailing food instruments• Providing additional assistance when needed (interpreters, readers, signers)

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Appendix A: Sample Outreach Log

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Sample Outreach Log

Outreach Log FY ____

Date	Staff Name	Organization Contacted	Type of Contact	Result
1/6/96	Ima Great, CNW	Concordia Valley High School Attn: Joan Doe Phoenix, AZ 85000	Mailed Outreach packet	Potential to reach 100 pregnant and/or parenting teens.

Explanation of Log Criteria

Date = date outreach activity completed

Staff Name = staff member who did the outreach

Organization = person/group who received information

Type of contact = e.g., mailed information, radio interview, press release, public presentation, staffed booth at health fair

Result = e.g., potential number of clients reached, and the description of those clients.

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Appendix B: Arizona WIC Program Referral Form – Pregnant, Postpartum, Breastfeeding Women

Arizona WIC Program Referral Form- Pregnant, Postpartum, Breastfeeding Women

From:	To:
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Name: _____ Birth Date: _____

☐ This is not my patient

Consent

I authorize the release of all medical information to the WIC Program.

Doy autorizacion que provean toda mi informacion medica al programa de WIC.

Signature of Parent/Legal guardian/Firma de Padre/Madre/Tutor:

Signature/Firma _____ Date/Fecha _____

Information Requested

EDD _____ Date of Hgb/Hct _____ Results _____

List of medical problems:

This pregnancy _____

Problems during last 2 pregnancies (not including current): _____

Multiple gestation: _____ Yes _____ No Twins/Triplets: _____

Anticipated or actual C-section: _____ Yes _____ No

Additional Information:

Personnel providing information:

Signature/Title

Date

Printed Name

Telephone

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Appendix C: Arizona WIC Program Referral Form –Infant/Child

Arizona WIC Program Referral Form – Infant/Child

From:	To:
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Name: _____ Birthdate: _____

☐ This is not my patient

Consent

I authorize the release of all medical information to the WIC Program.

Doy autorizacion que provean toda mi informacion medica al programa de WIC.

Signature of Parent/Legal guardian/Firma de Padre/Madre/Tutor:

Signature/Firma _____ Date/Fecha _____

Information Requested

Date _____ Current Wt. _____ Ht. _____ Hgb/Hct _____ Gestational Age _____

Number of Infections within last 12 months: _____

Medical Conditions

- | | |
|--|---|
| <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Surgery/Burns |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Other (describe below) |

Describe: _____

Formula Requested

1. **Formulas tried:** Specific Reactions

_____ Enfamil w/Iron _____
_____ Prosobee w/Iron _____
_____ Others _____

2. **Specific formula requested:** _____

3. **Medical reason** for formula: _____

4. **How long** client needs to stay on formula: _____

5. **Special Instructions** (concentration/rate/additional water): _____

Personnel providing information:

Signature/Title

Date

Printed Name

Telephone